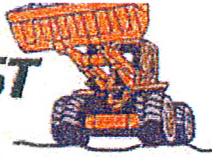


**NORTHWEST  
ROCK, INC.**



642 Newkah Road, Aberdeen, WA 98520  
Business: 360.533.3050  
Fax: 360.533.3274

## APPLICATION FOR CREDIT

Please fax to 360-533-3274

FOR OFFICE USE ONLY

Customer ID \_\_\_\_\_ Limit \_\_\_\_\_

Date of Application \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary Business Activities \_\_\_\_\_

Type of Organization (Sole Proprietor, Corporation, Partnership) \_\_\_\_\_

If a Corporation: State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Tax ID # \_\_\_\_\_ Contractor's License # \_\_\_\_\_

Bonding Company \_\_\_\_\_ Agent/Broker \_\_\_\_\_

Are you a Disadvantaged Business Enterprise? If yes, what is your DBE number? \_\_\_\_\_

Would you like us to tax your account? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please attach a current Reseller Permit \_\_\_\_\_ Reseller Permit # \_\_\_\_\_

### BANK REFERENCES

Bank Name	Branch	Contact Person	Phone	Account #

**CREDIT REFERENCES**

Name	Address	Phone	Fax
1.			
2.			
3.			
4.			
5.			
6.			

**PRINCIPALS OF FIRM**

Name	Title	Phone

**ACCOUNTS PAYABLE CONTACT**

Name	Phone	Fax	Email

Within the past five years, have you or any other owner or officer declared personal bankruptcy or been an owner or officer in a company which declared bankruptcy or otherwise sought the protection of the Bankruptcy Code? If yes, state when, where and the name in which the petition was filed.

---

---

**TERMS & CONDITIONS: READ THIS SECTION BELOW CAREFULLY**

If credit is extended, the following terms apply:

1. All invoices are due and payable by the 10th day of the following month.
2. A finance charge at the rate of 1.5 % per month will be paid on any past due balance.
3. A \$25.00 fee will be paid for all "NSF" checks.
4. Northwest Rock, Inc. is not a lending institution; this is not a revolving account. Account holder agrees to pay its account in full each month.
5. Should it be necessary for Northwest Rock, Inc. to commence collection proceedings to collect a past due balance, the above account holder agrees to pay all costs, including a reasonable attorney fee for said collection. Should it become necessary to file a suit to collect a past due balance, the above account holder agrees that the courts of Grays Harbor County, Washington, shall have venue over any such actions, and the above account holder agrees to pay all costs, including reasonable attorney fees of any collection suit.
6. Northwest Rock, Inc. is authorized to investigate the references listed herein or statements or other data obtained from any other person pertaining to the account holder and principals' credit or financial responsibility.

THE PERSON SIGNING BELOW WARRANTS AND DECLARES UNDER PENALTY OF PERJURY THAT INFORMATION PROVIDED BY THE ACCOUNT HOLDER IS TRUE AND CORRECT AND THAT THE PERSON SIGNING THIS APPLICATION IS AUTHORIZED TO DO SO ON BEHALF OF THE ACCOUNT HOLDER.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**PERSONAL GUARANTEE**

I, \_\_\_\_\_, for and in consideration of your extending credit at my request to \_\_\_\_\_ hereafter referred to as the "Company" of which I am \_\_\_\_\_ hereby personally guarantee to you payment of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and identity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof. The undersigned guarantor agrees to pay, in the event the account becomes delinquent and is turned over to an attorney for collection, reasonable attorney fees plus all attendant collection costs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title